

BEST AVAILABLE COPY

SLIP STAPLE AREA (for additional cross references)

8001 10/1/84

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | 48 | 8/1/98 |
| FORMALITY REVIEW | DB | 65373 | 8/11/98 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 + Allowed I Interference
 (Through numeral) Canceled A Appeal
 - Restricted O Objected

| Claim | Final | Original | Date |
|-------|-------|----------|------|
| 1 | ✓ | 4-10-50 | |
| 2 | ✓ | 3-11-52 | |
| 3 | ✓ | 10-1-53 | |
| 4 | ✓ | | |
| 5 | ✓ | | |
| 6 | ✓ | | |
| 7 | 0 | 0 | |
| 8 | 0 | 0 | |
| 9 | 0 | 0 | |
| 10 | 0 | 0 | |
| 11 | 0 | 0 | |
| 12 | 0 | 0 | |
| 13 | 0 | 0 | |
| 14 | 0 | 0 | |
| 15 | 0 | 0 | |
| 16 | 0 | 0 | |
| 17 | 0 | 0 | |
| 18 | 0 | 0 | |
| 19 | ✓ | ✓ | |
| 20 | 0 | 0 | |
| 21 | 0 | 0 | |
| 22 | 0 | 0 | |
| 23 | ✓ | ✓ | |
| 24 | 0 | 0 | |
| 25 | 0 | 0 | |
| 26 | 0 | 0 | |
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| 49 | 0 | 0 | |
| 50 | 0 | 0 | |

| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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